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Country programme outline for India*

Proposed UNFPA assistance: $75 million, $60 million from regular resources and $15 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2002-2006)

Cycle of assistance: Sixth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	42.0	12.0	54.0
Population and development strategies	12.5	2.0	14.5
Advocacy	5.0	1.0	6.0
Programme coordination and assistance	0.5	-	0.5
Total	60.0	15.0	75.0

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. After the International Conference on Population and Development (ICPD), the Ministry of Health and Family Welfare (MOHFW) introduced significant changes in the national population programme, moving from a target-oriented approach to a broad-based reproductive and child health (RCH) programme. In 2000, the Government of India approved a National Population Policy (NPP) in harmony with ICPD principles. Many state governments have developed state population policies, in varying degrees of consonance with the NPP and ICPD perspectives. See http://www.mohfw.nic.in.

2. Data from the 1998-1999 National Family Health Survey indicate a total fertility rate of 2.85 children per woman; and a contraceptive prevalence rate of 48 per cent among currently married women, with less than 7 per cent using one of the three main spacing methods. Sterilization accounts for 75 per cent of modern contraceptive practice. The unmet need for family planning is estimated to be about 16 per cent. Only 42 per cent of deliveries were attended by a trained health worker. The maternal mortality ratio is estimated to be 540 deaths per 100,000 live births, and the infant mortality rate is 68 per 1,000 live births[1]. See also http://www.nfhsindia.org. HIV prevalence, predominantly through heterosexual contact, is about 1 per cent among antenatal (largely monogamous) women in some areas. Fifty percent of new infections occur among those below age 25[2], and for every 12 men infected, 10 women are HIV-positive. HIV carriers are estimated to have crossed the 3.9 million mark. See also http://www.naco.nic.in. Adolescents account for 20 per cent of the population and most lack appropriate reproductive health/family planning (RH/FP) information and services.

3. At the national level, trend analysis reveals improvements in social and health indicators and shows that the country is committed to the ICPD and the Millennium Development Goals (MDGs). See also <http://planningcommission.nic.in/appdraft.pdf>. However, these trends mask disparities across and within states on such issues as gender inequities, HIV prevalence, and the presence of underserved populations such as tribal groups and urban slum dwellers. Other population issues that need attention include ageing, urbanization, migration, adolescent health, and gender-based violence.

II. Past cooperation and lessons learned

4. Under the past programme, decentralized implementation approaches were limited to reproductive health interventions. Experience indicates that for optimal resource use and impact, a balanced focus and mix of activities, integrating other population-related interventions, are needed at district, state and national levels.

5. The Fund's catalytic role in creating an enabling environment for population policy dialogue needs to be taken forward to ensure that state policies are in line with national policies and ICPD goals.

6. UNFPA success in promoting the involvement of non-governmental

[1] This is the UNFPA/UNICEF/WHO estimate; the government figure given in the CCA is 437/100,000.
[2] Indian Business and HIV/AIDS: Towards a commitment to action. UNAIDS, 2001.

organizations (NGOs) based on careful selection and technical support needs should be replicated at state and district levels.

7. To address the slow pace of social change and limited male participation, strong gender mainstreaming efforts are required, coupled with increased emphasis on the role of men as equal actors and full partners in improving women's status in general and reproductive health, in particular.

8. Other key lessons learned indicate that: (a) supply-side reproductive health interventions need to be balanced with support for demand creation at the community level; (b) building managerial capability and inducing attitudinal change among health care providers are as important as technical competence; and (c) HIV/AIDS-prevention efforts need to strategically target women, adolescents and other high-risk groups. At the same time, HIV/AIDS interventions should be expanded beyond information, education and communication (IEC) messages and case management of sexually transmitted infections (STIs) and reproductive tract infections (RTIs).

9. Funding fluctuations adversely impacted the implementation of the fifth country programme. Clearly, constancy in funding levels is necessary to minimize serious disruption in programme momentum.

III. Proposed programme

10. The goal of the sixth country programme is to support the national goal of population stabilization and improvement of the quality of life of the Indian people. The proposed programme will be implemented in accordance with ICPD principles and objectives. It will contribute to the overarching goal of the United Nations Development Assistance Framework (UNDAF), namely, to work towards eliminating human poverty and inequalities and achieving sustainable human development. The proposed programme draws on the UNDAF strategic priorities identified by the Government of India for the United Nations system in India, i.e., gender equality and decentralization. See also http://www.un.org.in/UNDAF/undafstatement.pdf.

11. Under the proposed programme UNFPA will support reproductive health improvement through ensuring gender equity and rights as integral elements of the programme. Decentralization in planning and implementation will be strengthened through participatory programmes at the district and state levels. The proposed programme is designed to advance the goals of the NPP and the ICPD and will contribute to the achievement of MDGs. It will aim to strengthen complementarity and partnerships with other United Nations agencies and development partners, including UNAIDS, UNICEF and the Department for International Development.

12. The comparative advantages of UNFPA include a leadership role in policy dialogue and debate at the state and national

levels; technical expertise; substantive experience with decentralized processes; documented success in programme and advocacy efforts to address reproductive health, gender and adolescent issues; and experience in piloting innovative approaches and building strategic partnerships.

13. The expected outcomes of the proposed programme are: (a) to have contributed to policy dialogue and developed tools responsive to people's needs and their human and reproductive rights, so as to facilitate the achievement of the national goal of population stabilization; (b) to have contributed to the increased availability, access and utilization of quality reproductive health services to induce positive behaviour change and improve reproductive health; and (c) to have enhanced understanding of and decision-making for rights-based actions for population and development, adolescent, and gender equality programmes.

14. There will be three subprogrammes. The population and development strategies (PDS) subprogramme will include the following two expected outputs.

Output 1. An enabling environment to support policy development and dialogue at state (in six selected states) and national levels.

15. UNFPA will continue to provide institutional and technical support for policy dialogue, in line with the ICPD Programme of Action, ensuring a legal, ethical and rights-based perspective. Assistance will be provided to enhance policy dialogue at the state level so as to steer state policies to conform with national policies. Support will be provided to develop a national research agenda to study issues impacting population and sustainable development. The development of training policies focusing on competencies, skills-building and attitudinal change will also be supported.

Output 2: Enhanced state and district level capability to integrate population and gender concerns into decentralized planning, implementation and monitoring.

16. UNFPA will strengthen selected population research organizations and academic and survey institutions in the selected states to enhance data quality and use of gender-disaggregated data to inform evidence-based policies and programmes. Policy-oriented research on migration, urbanization and population/social development linkages will be supported. UNFPA will support capacity-building of health system managers and representatives of NGOs, Panchayati Raj Institutions (PRIs) and community-based organizations in the integration of reproductive health, gender rights, and population issues in planning and management for poverty reduction programmes. At the community level, support will be provided to NGOs for innovative programmes that can be replicated and upscaled.

17. The subprogramme on reproductive health will focus on three expected outputs.

Output 1. Improved quality of and access to a package of basic reproductive health services responsive to local needs in 35 selected districts.

18. UNFPA will support strengthening the skills and competencies of all cadres of

health workers to deliver a quality package of reproductive health services. Technical assistance will be provided to develop and adapt relevant tools and protocols. Results-based management will be promoted, including through training in data management, use of standardized indicators and monitoring and evaluation. Operations research will be supported to optimize programme management and delivery performance. On a selective basis, support will be provided for low-cost infrastructure improvement and equipment procurement. Service providers will be trained to advocate for issues related to reproductive health, gender and women's empowerment, underscoring the linkages to other aspects of development. UNFPA will contribute to the development of cost-effective approaches to reduce maternal mortality, including through strengthening referral networks and improving access to quality services for emergency obstetric care.

Output 2. Integrated expanded outreach with increased demand for reproductive health services.

19. UNFPA will support strengthening the community outreach capacities of NGOs, PRIs and community-based organizations in order to increase use of and access to quality reproductive health services. The contraceptive method mix will be expanded through community-based distribution and social marketing initiatives. Behavioural change communication programmes for men, women and adolescents will be developed. Male participation based on gender equality and equal responsibility for sexual and reproductive health will be enhanced. UNFPA will also support feasibility assessments for health financing and cost-sharing programmes.

Output 3. Increased community-level responses to HIV/AIDS and enhanced scope of services to meet the reproductive health needs of special groups, including adolescents and older women.

20. Support will be provided to integrate HIV/AIDS-prevention interventions into reproductive health services with a special focus on adolescents and pregnant women. At the community level, prevention-education will be supported, emphasizing correct and consistent condom use; recognition and early treatment of STIs; and prevention of gender-based violence. To promote adolescent reproductive health UNFPA will support in-school and out-of-school interventions focusing on information, services, skills building and counselling. Parents, schoolteachers and peer influencers will be utilized to reach and influence adolescents. On a pilot basis, UNFPA will support initiatives in selected districts to meet the reproductive health needs of older women who are past childbearing and are in the postmenopause stage of life.

21. The two expected outputs of the advocacy subprogramme are as follows.

Output 1: Political commitment generated to address key population, reproductive health and gender concerns at the state and national levels.

22. The Fund's leadership role in policy dialogue and its long experience in working with parliamentarians are comparative advantages that will be utilized to develop a concrete advocacy strategy that is

responsive to state and national concerns. The strategy will aim at mainstreaming gender equity and rights into reproductive health and development policies and programmes. High priority will be accorded to reaching parliamentarians, politicians and policy makers in the administrative service, as well as media leaders and donors.

Output 2: Strategic coalitions built with civil society organizations to support and expand advocacy efforts.

23. At the national level, support will be provided for advocacy efforts to build strategic partnerships and coalitions with civil society organizations to improve the implementation of reproductive health services. In order to share and promote best practices, UNFPA will also support, at the state and district levels, the documentation and dissemination of experiences and lessons learned in the area of reproductive health.

IV. Programme management, monitoring and evaluation

24. The proposed programme will continue to support and build capacity for decentralized management through the application of a results-based management framework, stronger monitoring and evaluation processes, and the development of partnerships between the community and the health system. The logical framework will be used for planning and monitoring at all levels. Available data will be utilized and further data collection and analysis will be commissioned if baseline data are lacking.

25. The proposed programme will be implemented at the national, state and district levels through national and state governmental and non-governmental partners. Community groups and PRI members will be involved in periodic programme monitoring. Annual programme reviews will be held at the national and state levels and will involve service providers and community members.

26. UNFPA will continue using National Project Personnel to complement existing staff expertise and to coordinate and provide technical assistance at state and national levels. Given its past success, the Technical Support Unit mechanism will be continued.

27. Under the proposed programme, 75 per cent of the total budget will be allocated to district level programmes and 25 per cent to national level programmes. The Government of India has agreed to devote 15 per cent of the budget for NGO-executed and implemented activities.

ANNEX: Results and Resources Framework

UNDAF Objective: To eliminate human poverty and inequalities and promote sustainable development. Priority areas include promoting gender equality and strengthening decentralization.

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To support the national goal of improving the quality of life and achieving population stabilization.	1. To have contributed to policy dialogue and developed tools responsive to people's needs and their human and reproductive rights, to facilitate the achievement of the national goal of population stabilization.	• Policy framework adopted at the national and state levels in line with ICPD principles and incorporating human and reproductive rights.	1. An enabling environment to support policy development and dialogue at state and national levels. **Output Indicators**: • Number of monographs published and disseminated. • Policy analyses disseminated to government and NGO partners. 2. Enhanced state and district level capability to integrate population and gender concerns into decentralized planning, implementation and monitoring. **Output Indicators**: • Gender disaggregated data available. • NGOs in six states are active participants in the UNFPA programme.	$5 million $9.5 million
	2. To have increased availability, utilization and access to quality reproductive health services to induce positive behaviour change and improve reproductive health.	• Increased percentage in utilization of reproductive health services. • Reduced prevalence of HIV/AIDS among adolescents. • Number of primary health centers with effective referral (including transport) for comprehensive emergency obstetric care (EOC).	1. Improved quality of and access to a package of basic reproductive health services responsive to local needs in 35 selected districts. **Output Indicators**: • Basic reproductive health service package available at primary health care centres. • Increased use of data by development managers and service providers. 2. Integrated expanded outreach with sustained demand for reproductive health services. **Output Indicators**: • Percentage increase in users of reproductive health services at government and NGO facilities.	$18 million $18 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
			3. Increased community-level responses to HIV/AIDS and enhanced services to meet the reproductive health needs of special groups, including adolescents and older women. **Output Indicators**: • Proportion of adolescents that have access to quality health care services. • Proportion of older women with access to health care services. • Four basic EOC centres and one comprehensive EOC centre established for every 50,000 population. • Increase in condom use rates for dual protection. • Increased proportion of people with STIs seeking care.	$18 million
	3. To have enhanced understanding of and supported decision-making for population, development, adolescent, and gender equality programmes.	• Increase in national budgetary allocation for population and reproductive health. • One national and six state level consortia supported for expanding advocacy efforts.	1. Political commitment generated to address key population, reproductive health and gender concerns at the state and national levels. **Output Indicators**: • Number of statements by political and other leaders declaring support for population and gender programmes. 2. Strategic coalitions built to support and expand advocacy efforts. **Output Indicators**: • Relevant policies, programmes and actions initiated as a result of advocacy efforts.	$3 million $3 million $0.5 million for programme coordination and assistance

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